

237SS2

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

change name on class  
C Taxi  
**RECEIVED**

JUL - 6 2012

ORS  
T,T,W,W/W

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2003 - 46 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Kim Watford

Telephone: \_\_\_\_\_

Address: 2 Shamrock Circle

Fax: \_\_\_\_\_

Murrellsville, SC

Other: \_\_\_\_\_

29576

Email: \_\_\_\_\_

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input checked="" type="checkbox"/> Request for Name Change on Certificate  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

# CLASS C AMENDMENT FORM

File the original with:

Public Service Commission of South Carolina  
Clerk's Office  
Motor Carrier Matters  
P.O. Box 11649  
Columbia, S.C. 29211  
(803) 896 - 5100  
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201  
(803) 737-0578  
FAX (803) 737-0815

**RECEIVED**

DATE: 7/06/12

JUL - 6 2012

I have the following Certificate:

**ORS  
T,T,W,W/W**

☒ Class C Taxi # 7314 ☐ Class C Charter # \_\_\_\_\_ ☐ Class C Charter Bus # \_\_\_\_\_

☐ Class C Non-Emergency # \_\_\_\_\_

Please consider this as my request for the following amendment(s) to my Certificate:

☒ **Name Change**

From: Kim Watford DBA: \_\_\_\_\_  
(Current Name) (Current DBA if applicable)

TO: Kim Watford DBA: D & B Taxi  
(New Name) (New DBA if applicable)

☐ **Scope of Authority**

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Current Scope) (New Scope)

☐ **Passenger Limit**

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Current Limit Number) (New Limit Number)

Kim Watford  
Name & DBA if DBA is applicable)

2 Shamrock Circle  
(Street and/or Mailing Address)

Murasso, S.C. 29516  
(City, State, Zip Code)

x Kim Watford  
(Signature)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Title) Owner, President, etc.